

**MONTANA BOARD OF: DENTISTRY**  
**301 S PARK, P O BOX 200513**  
**HELENA MT 59620-0513**  
**(406) 841-2390**  
**Dental/Dental Hygiene Volunteer**  
**RENEWAL APPLICATION**



LICENSE NO. \_\_\_\_\_

RENEW DATE \_\_\_\_\_

STATUS: \_\_\_\_\_

**ADDRESS CORRECTIONS ONLY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP/COUNTRY: \_\_\_\_\_

Your Montana dental/dental hygiene volunteer license will expire on March 1.

- 1) Complete all the information on the renewal application.
- 2) Read the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$5.00 made payable to the Board of Dentistry. Do not send cash. Canadian residents pay in US funds only.
- 5) Renewals must be US postal service postmark by March 1<sup>st</sup>.
- 6) In order to maintain an active license you must maintain a "current" CPR/ACLS card. You may not renew as "ACTIVE" without a current card. Complete the CPR/ACLS statement below.
- 7) Incomplete or unsigned renewal applications will not be processed and WILL BE RETURNED.

**CPR/ACLS REQUIREMENT:**

I have a current and unexpired CPR or ACLS card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. Circle One: ACLS   CPR   Expiration date: \_\_\_\_\_

**I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline.**

Legislation passed in the 2005 session provides that a licensee has (45) days to renew his/her license. Anyone renewing (46) days or more after the March 1 deadline, may have a complaint file opened, and the possibility of unlicensed practice may be addressed by the board through their disciplinary process.

**Yes \_\_\_ No \_\_\_ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT SEND CASH**